



# State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 07/12/2006

Business ID: 492280

William M. Gardner

Secretary of State

CLIMBING HIGH, LLC

25 1/2 BALCOM ST

NASHUA , NH 03060

ADDRESS OF PRINCIPAL OFFICE:

25 1/2 BALCOM ST

NASHUA , NH 03060

REGISTERED AGENT AND OFFICE:

MATTHEW J LAPOINTE ESQ

1000 ELM ST , PO BOX 3701

MANCHESTER , NH 03105

ENTITY TYPE: LLC

BUSINESS ID: 492280

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 000000000

INDOOR CLIMBING GYMS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address **63 Flint Pond Road, Hollis, NH 03049**

☒ The new principal office address **63 Flint Pond Road, Hollis, NH 03049**

PO Box is acceptable.

## MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

## MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. **Kristie Wisbey**

STREET **63 Flint Pond Road**

CITY/STATE/ZIP **Hollis NH 03049**

MEMB. **Robert Lessard**

STREET **1645 Valley Forge Dr**

CITY/STATE/ZIP **Titusville FL 32796**

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Kristie Wisbey**

Please print name and title of signer: **Kristie Wisbey**

NAME

/

**MEMBER**

TITLE

FEE DUE: **\$150.00**

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529